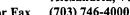
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



MATTINGLY, STANGER & MALUR, P. 1800 DIAGONAL ROAD SUITE 370 ALEXANDRIA, VA 22314  03/25/2005 SZEWDIE2 00000105 10669529			P & 305 3	papers. Each additions have its own certificat	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.  (Depositor's name)  (Signature)		
01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP		NIT			(Date)	
APPLICATION NO.	FILING DATE	F	FIRST NAMEI	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/669,529 TITLE OF INVENTION: J	09/25/2003 OINT CONSTRUCTION OF	· COBALT-BASEI	Yoshihisa D ALLOY	Kiyotoki		5149	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	03/28/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	1		
KEASEL, ERIC S		3754		251-368000	J		
1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address" Indica or more recent) attached. Use	ation form e of a Customer	registered 2 registere listed, no n	d patent attorneys or agents. If tame will be printed.			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND	ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion of	ation form e of a Customer E PRINTED ON T elow, no assignee d of this form is NOT	registered 2 registere listed, no n HE PATENT data will appr a substitute	d patent attorneys or agents. If tame will be printed.	no name is 3nee is identified below, the d	ocument has been filed for	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth in	ation (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B is an assignee is identified by n 37 CFR 3.11. Completion of the completi	ation form e of a Customer E PRINTED ON T elow, no assignee d of this form is NOT	registered 2 registere listed, no n HE PATENT data will appr a substitute ) RESIDENC	d patent attorneys or agents. If ame will be printed.  (print or type) ear on the patent. If an assign for filing an assignment.	no name is 3nee is identified below, the d	ocument has been filed for	

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Typed or printed name

Gene W. Stockman

March 24, 2005

21,021 Registration No.

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